

1 Main Contact Name - Team Manager/Team Rep

Mr.

Ms.

Mrs. (Last)

(First and Middle Initial)

(Please check)

☐ City of Maricopa Resident (live within city limits)

☐ Non-Resident (other cities)

TEAM NAME

2 Manager Information

Address

City

Zip

Home Phone:

Work Phone:

Cell Phone:

E-Mail:

(We will e-mail schedules and updates to the team manager)

League:

MENS

WOMENS

CO-ED

(CIRCLE)

Night of Play:

Classification:

C

D

(CIRCLE)

Fridays

Mondays

3 TEAM ROSTER

SEASON: WINTER SPRING SUMMER FALL (CIRCLE)

	Player Name (Please include all members)	Address	City	Signature	Phone
1					()
2					()
3					()
4					()
5					()
6					()
7					()
8					()
9					()
10					()
11					()
12					()
13					()
14					()
15					()

Assistant Coach:

Phone:

Team Fee:

Check:

Cash:

Initials:

4 To the extent allowed by law, I hereby absolve the City of Maricopa, its employees, agents, independent contractors, and officers from all liability which may arise as the result of my/our participation in activities I or any member of my family attends or registers into; and, in the event that the above named participant is a minor, I hereby give my permission for his or her participation as indicated and in so doing absolve the City of Maricopa, its employees, agents, independent contractors, and officers from such liability. I am aware that if I have registered for a class involving physical activity, I have taken care to enroll at a class level appropriate to my/our physical abilities and/or medical condition. I release use of my/our photos taken during program participation from all and any claims and demands resulting from their use in program publicity and agree to the City of Maricopa 2009 code of conduct policy.

A SIGNATURE IS REQUIRED BY THE COACH OR TEAM ORGANIZER REGISTERING ON THIS FORM.

Signature

Date